

## 2004 LABORATORY SUBMISSION FORM FOR ARBOVIRAL TESTING IN HUMAN

For OPH Lab Use Only						
SID						
Date Received/_/						

Submitter, Last na	me		First name		
Affilia	tion		Hospital ID		<del> </del>
Addre	ess		City, ZIP, State		
Telepho	one ()		Fax	(	<del> </del>
Physician, Last name			First name		
Telepho	one ()		Fax	(	<del></del>
Patient, Last na	me   _ _				
First na	me   _ _		Middle	e name   _ _	
Hospitalized	d? [ ]No	hospital		Date of admissi	on/
Medi	cal Record/ Social S	ecurity Number			
Addre	ess		City, ZIP, State		
Paris	h		Telephone	(	<del></del>
Date of E	Birth/	_ (if not available, a	age years / mo	onths / weeks)	
Gender [	]Male [ ]Female	R	ace[]W []B []Asi	ian [ ]Other	
1. Specimen	Collected on	Convalescent?	2. Specimen	Collected on	Convalescent?
[ ]CSF [ ]Serum	//	[]Yes []No	[ ]CSF [ ]Serum	//	[ ]Yes [ ]No
specimen(s) with this If you need further inf	form to: Office of Puormation, call 504-568	ublic Health Virology I 8-4039 (Central Labor	r coolants. DO NOT FR Laboratory, 325 Loyola A atory) or 504-568-5005 (	Avenue, Room 709, N Epidemiology Section	New Orleans, LA 70112
Please, provide	e clinical informati	on of the patient.	This information is in	nportant for survei	llance purposes.
Date of first sympt	coms//_	← This informa	ation is critical to eva	aluate serological r	esults.
If hospitalized, curre	ent status: [ ]Regula	ar ward [ ]ICU	[ ]Rehab	[ ]Deceased on	
	[ ]Discharged	on//	to [ ]Home [ ]Other	institutions	
Fever ( <u>&gt;</u> 38C or 100	OF) [ ]Yes [ ]No	[ ]Unknown	Mental status ch	nanges [ ]Yes [ ]	No []Unknown
Headache	[ ]Yes [ ]No	[ ]Unknown	Slurred speech	[ ]Yes [ ]	No [ ]Unknown
Stiff neck	[ ]Yes [ ]No	[ ]Unknown	Tremors	[ ]Yes [ ]	No [ ]Unknown
Myalgias, arthralgia	s []Yes []No	[ ]Unknown	Seizures	[ ]Yes [ ]	No [ ]Unknown
Photophobia	[ ]Yes [ ]No	[ ]Unknown	Ataxia	[ ]Yes [ ]	No [ ]Unknown
Flaccid paralysis*	[ ]Yes [ ]No	[ ]Unknown	Hearing or visio	n loss []Yes []	No [ ]Unknown
*Real paralysis	not simple weakness		Other neurologi	c signs	<del></del>
Current diagnosis /	assessment / impre	ssion		· · · · · · · · · · · · · · · · · · ·	
Was a CSF sample	obtained? [ ]Yes CSF findings: WE	[ ]No	n date// r % lymph	RBC	Protein
During the 4 weeks	prior to first sympto	ms, did the patient:			
- receive a transfusi	on? [ ]Yes [ ]No	[ ]Unknown	- donate blood?	[ ]Yes [	]No []Unknown
- have surgery?	[ ]Yes [ ]No	[ ]Unknown		Louisiana?[ ]Yes [	]No [ ]Unknown
Is the patient pregnar	it or recently gave birt	n?[]Yes []No [	]Unknown Age of fe		
Remarks / observat	ions ·				